Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden Hours per response: 16.00

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering (∑ check if this is an amendment and name has changed, and indicate change.)  Bernstein Global Diversified Hedge Fund Ltd. (F/K/A Bernstein Absolute Return Hedge Fund Ltd.)								
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE								
Type of Filing: New Filing 🔀 Amendment								
A. BASIC IDENTIFICATION D	ATA III III III III III III III III III							
Enter the information requested about the issuer	04039181							
Name of Issuer ( check if this is an amendment and name has changed, and indicate changed Bernstein Global Diversified Hedge Fund Ltd. (F/K/A Bernstein Absolute Return	inge.)							
Address of Executive Offices (Number and Street, City, State, Zip Code) P.O. Box 513 GT, 36C Bermuda House, 3 <sup>rd</sup> Floor, British American Centre, Dr. R Drive, George Town, Grand Cayman, Cayman Islands, B.W.I.	Roy's Telephone Number (Including Area Code) (441) 295-4000							
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)  PROCESSED							
Brief Description of Business To operate as a private investment exempted company.	JUL 2 9 2004							
Type of Business Organization	THOMSON							
☐ corporation ☐ limited partnership, already formed	other (please specify): exempted corporation organized							
☐ business trust ☐ limited partnership, to be formed un	nder the laws of the Cayman Islands							
Actual or Estimated Date of Incorporation or Organization:  Month Year  02 02								
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviat CN for Canada; FN for other foreign jurisdic								
GENERAL INSTRUCTIONS								

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

**ATTENTION** 

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			A. BASIC IDEN	TIFICATION DATA							
2.	Enter the informati	on requested for th	ne following:								
	o Each promoter of the issuer, if the issuer has been organized within the past five years;										
	o Each beneficiation of the issuer;	al owner having th	e power to vote or dispose,	or direct the vote or dispositio	n of, 10% or more o	f a class of equity securities					
	o Each executiv	e officer and direc	tor of corporate issuers and	of corporate general and mana	ging partners of par	tnership issuers; and					
	o Each general	and managing part	ner of partnership issuers.								
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner					
	e (Last name first, i Bodden, Karla J.	f individual)			*						
	or Residence Addre P.O. Box 513 GT, Cayman Islands, B	36C Bermuda Hou	er and Street, City, State, Zipse, 3 <sup>rd</sup> Floor, British Americ	p Code) can Centre, Dr. Roy's Dríve, G	eorge Town, Grand	Cayman,					
Check Bo	ox(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
	ne (Last name first, i	f individual)									
Business	Hunter, J. Dennis or Residence Addre P.O. Box 513 GT, Cayman Islands, B	36C Bermuda Hou	er and Street, City, State, Zi ise, 3 <sup>rd</sup> Floor, British Americ	p Code) can Centre, Dr. Roy's Drive, G	eorge Town, Grand	Cayman,					
Check Bo	ox(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
	e (Last name first, i Posch, James J.	f individual)									
Business	or Residence Addre 1345 Avenue of the	`	er and Street, City, State, Zig York, New York 10105	p Code)							
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name	e (Last name first, i	f individual)									
Business	or Residence Addre	ess (Number	er and Street, City, State, Zij	p Code)		<del></del>					
Check Bo	ox(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Nam	ne (Last name first, i	f individual)				<del></del>					
Business	or Residence Addre	ess (Number	er and Street, City, State, Zij	p Code)		<del></del>					
Check Bo	ox(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Nam	e (Last name first, i	f individual)									
Business	or Residence Addre	ess (Numb	er and Street, City, State, Zi	p Code)		<del></del>					
		(Use blan	k sheet, or copy and use add	litional copies of this sheet, as	necessary.)						

					B.	INFORMA	TION ABO	OUT OFFE	RING				
1.	A	Answer also	in Append	lix, Colum	2, if filing	g under UL	OE.		his offering			No	
2.						oted from an ners to acce					<u>\$50</u> Ye:	00,000* s No	
3. 4.	Enter the remune agent of	he informa eration for a of a broker	tion request solicitation or dealer re	ed for each of purchase gistered wi	person whers in conn th the SEC	no has been ection with and/or with	or will be sales of se h a state or	paid or giv curities in t states, list	en, directly the offering the name of the info	or indirect . If a perso f the broker	ly, any con on to be list or dealer.	mmission or ed is an ass If more th	sociated person or an five (5)
Full Na	me (Las	t name firs	, if individ	ıal)									
Busines			dress (Num the Americ			tate, Zip Cork 10105	ode)						
Name o			r or Dealer stein & Co.	, L.L.C.									
			ted Has Soi or check in			olicit Purch	asers					⊠ Al	l States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name firs	, if individ	ıal)						<del></del>			<del></del>
Busines	s or Res	idence Ado	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	f Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ Al	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name firs	, if individ	ıal)									
Busines	s or Res	idence Ade	dress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer										
States in which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)						□ A1	States						
ĺ	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEE	os			
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box [ ] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security	Aggregate Offering Price			Amount Aiready Sold	
	Debt	\$0		\$(	)	
	Equity	\$1,000,000,00	00	\$6	54,859,529.88	
	[ X ] Common[ ] Preferred					
	Convertible Securities (including warrants)	\$0		\$(	)	
	Partnership Interests	\$0		\$(	)	
	Other (Specify )	\$0		<u> </u>	 )	
	Total		00	Se	54,859,529.88	
	Answer also in Appendix, Column 3, if filing under ULOE.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Α	aggregate Dolla Amount of Purchases	
	Accredited Investors	55		\$6	54,859,529.88	
	Non-accredited Investors	0		\$(	)	
3.	Total (for filing under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities so offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offer	old by the issu				
	type listed in Part C - Question 1.  Type of Offering		e of urity		Dollar Amount Sol	
	Rule 505		·		\$	
	Regulation A				\$	
	Rule 504			-	\$	
	Total		<u></u>	_	<u> </u>	
1.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate and the left of th	to future con				
	Transfer Agent's Fees		[	}	\$0	
	Printing and Engraving Costs	*************	[ x	]	<u>\$*</u>	
	Legal Fees.		[ x	]	\$*	
	Accounting Fees		ſ x	1	<b>S*</b>	

\*All offering and organizational expenses are estimated not to exceed \$100,000.

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify).....

Total.....

[ ] \$0

[ x ] <u>\$\*</u>

[ x ]

\$\*

[ x ] <u>\$100,000\*</u>

	C. OFFERING PRICE, NUMBER OF IN	VESTOR	S, EX	PENS	SES AND USE	OF PRO	OCE	EDS
	b. Enter the difference between the aggregate offering price given expenses furnished in response to Part C - Question 4.a. This difference issuer."	erence is th	e "ad	justed	gross proceeds	to the		\$999,900,000
5.	Indicate below the amount of the adjusted gross proceeds to the iss purposes shown. If the amount for any purpose is not known, furn estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.							
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	•••••	[	]	\$	_ [	]	\$
	Purchase of real estate		[	]	\$	_ [	]	<u>\$</u> _
	Purchase, rental or leasing and installation of machinery and equip	oment	[	]	\$	_ [	]	\$
	Construction or leasing of plant buildings and facilities		[	]	\$	_ [	]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the asse securities of another issuer pursuant to a merger)		[	]	\$	_ [	]	\$
	Repayment of indebtedness	•••••	[	]	\$	_ [	]	\$
	Working capital		[	]	\$	_ [	]	\$
	Other (specify): Investment Capital		[	X ]	\$999,900,000	[	]	\$
	Column Totals		[	x j	\$999,900,000	[	J	\$
	Total Payments Listed (column totals added)	•••••			[X]	\$999,9	900,0	000
	D. FED!	ERAL SIG	NAT	URE	· <u>·</u>			
sig	e issuer has duly caused this notice to be signed by the undersigned constitutes an undertaking by the issuer to furnish to the U.S. Cormation furnished by the issuer to any non-accredited investor pursu	Securities	and E	exchar	nge Commission	is filed n, upon	unde writte	r Rule 505, the following en request of its staff, the
Iss	suer (Print or Type)	Signature	//		////			Date >/23/04
Ве	rnstein Absolute Return Hedge Fund Ltd.						$\perp$	-70070 <b>4</b>
Na	nme of Signer (Print or Type)	Title of Sign	ner (P	rint o	г Туре)			
	James J. Posch	Di	irecto	r				
	AT	TENTION						

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STATE SIGNATURE						
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?							
	See Appendix, Column 5, for state response. Not applicable						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. <b>Not applicable</b>						

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. **Not applicable**
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. **Not applicable**

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)  Bernstein Absolute Return Hedge Fund Ltd.	Signature	Date >128/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
James J. Posch	Director	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

Bernstein Absolute Return Hedge Fund Ltd 2 5 Not Applicable Type of security Disqualification and aggregate under State ULOE offering price (if yes, attach Intend to sell to offered in state non-accredited explanation of investors in (Part C-Item 1) Type of investor and amount purchased in State waiver granted) (Part E-Item 1) State (Part C-Item 2) (Part B-Item 1) Number of Common Shares Par Value Number of Non-U.S. \$0.01 per Accredited Accredited No Share Investors Investors Yes No State Yes Amount Amount \$1,000,000,000 ALAK AZAR \$17,697,814.37 CA Χ Χ 11 0 X X CO 1 \$500,000 0 0 CTDE DC FLХ Х \$4,473,480.17 GA HI ID X 7 IL X \$3,335,208.37 0 0 INX X 0 0 IA 1 \$3,850,000 KS KY LA ME \$500,000 0 MD X X 1 0 X X \$500,584 0 MA 1 0 MI MN MS

9221898.9

MO

MT

X

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\$500,000

0

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# APPENDIX

Bernstein Absolute Return Hedge Fund Ltd 1 2 3 5 Not Applicable Type of security Disqualification and aggregate under State ULOE offering price Intend to sell to (if yes, attach non-accredited offered in state explanation of investors in (Part C-Item 1) Type of investor and amount purchased in State waiver granted) State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Common Shares Par Value Number of Non-U.S. \$0.01 per Accredited Accredited No Share Investors Investors Yes State Amount Yes No Amount \$1,000,000,000 NE NV NH NJ X X 5 0 \$2,750,002 0 NM NY X X 21 \$30,252,440.97 0 0 NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA X X 1 \$500,000 0 0 WV WI WY PR